

Earnings for Requalification Questionnaire - Claimant

Claimant Information:

Last Name: _____ First Name: _____ MI: _____
ID or SSN: _____

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

A determination regarding your eligibility for unemployment insurance benefits is dependent upon whether or not the wages you received from employment since _____ have been, or will be, reported under the provisions of the Federal Insurance Contributions Act (FICA) for Federal Social Security tax purposes.

Please list the wages by week (Sunday through Saturday) for the period of time you worked since the date indicated above.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information. *If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

Section A: Requalification Information

Employer Name: _____

Address : _____

Address: (Apt., Floor, Suite, etc.) _____

City: _____

State: _____

Zip Code: _____

Telephone Number: () - _____

Pay Period End Date: / /

List earnings by week for the period of time your worked.

Week Ending Date (Saturday)	Gross Wages Earned
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$

Were or will these wages be reported under the provisions of the Federal Insurance Contributions Act (FICA) (for Social Security Tax purposes)?

Yes

No

Please attach a copy of proof of employment or earnings from this employer.

Has there been a reason of separation from employment (such as discharge, voluntary leave, or refusal of work) followed by reinstatement with the same employer?

Yes

No

If no, skip to Section B. If yes, provide employment information below.

Employer's Name: _____

Date Discharged: / /

Date Reinstated: / /

What was your most recent reason for separation from your employment?

Lack of Work

Discharge

Voluntary Leaving

Other (Please explain below)

Section B: Signature

Signature: _____

Date: _____

Name (printed): _____

Telephone Number: _____